

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594314

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1			51		51		51	
2		1		1				52		52		52	
3		1		1				53		53		53	
4		1		1				54		54		54	
5		4		4				55		55		55	
6		1		4				56		56		56	
7		1		1				57		57		57	
8		1		4				58		58		58	
9								59		59		59	
10								60		60		60	
11								61		61		61	
12								62		62		62	
13								63		63		63	
14								64		64		64	
15								65		65		65	
16								66		66		66	
17								67		67		67	
18								68		68		68	
19								69		69		69	
20								70		70		70	
21								71		71		71	
22								72		72		72	
23								73		73		73	
24								74		74		74	
25								75		75		75	
26								76		76		76	
27								77		77		77	
28								78		78		78	
29								79		79		79	
30								80		80		80	
31								81		81		81	
32								82		82		82	
33								83		83		83	
34								84		84		84	
35								85		85		85	
36								86		86		86	
37								87		87		87	
38								88		88		88	
39								89		89		89	
40								90		90		90	
41								91		91		91	
42								92		92		92	
43								93		93		93	
44								94		94		94	
45								95		95		95	
46								96		96		96	
47								97		97		97	
48								98		98		98	
49								99		99		99	
50								100		100		100	
TOTAL IND.	1		2										
TOTAL DEP.	10	←	15	←				↓		↓		↓	
TOTAL CLAIMS	11		17					←		←		←	